



2016-2017 Official Youth Team Registration Form

Complete all information below and return the form to the League Director.
Complete one form for each team in the league. All players must be registered to participate.
Please type or print legibly

Name of Organization _____

Team Name _____

Head Coach _____ Address _____

City _____ State _____ Zip _____ Phone/Daytime () _____

Phone/Evening () _____ Fax () _____ E-mail Address _____

Asst. Coach _____ Address _____

City _____ State _____ Zip _____ Phone () _____

Please circle correct league and division below.			
Coed – 8u	Boy's League - 8u 10u 12u 14u 17u	Girl's League - 8u 10u 12u 14u 17u	
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		
Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____	Name _____ Address _____ City/State _____ Zip _____ Phone () _____ Birth Date: _____		

To the best of my investigated and concerned knowledge, the players listed above are registered with one KPRD League and/or Team for the 2015-2016 KPRD League Basketball season.

Signature of Head Coach _____

Date _____

To be filled out completely and turned in with fees.